

**REQUEST FOR CHARITABLE CONTRIBUTION
FROM
ALTAMONTE SPRINGS ROTARY CLUB**

Return completed form no later than April 15, 2010 to Altamonte Springs Rotary Club,
P.O. Box 162322, Altamonte Springs, FL 32716-2322



1. _____
Name of requesting organization

Street Address	Phone
----------------	-------

City	County	State	Zip
------	--------	-------	-----

2. _____
Name of Parent or Affiliated Organization

Street Address	Phone
----------------	-------

City	County	State	Zip
------	--------	-------	-----

3. **ORGANIZATION**

a. Please list names of principal officers of your organization

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____

b. Is your organization a corporation? _____ Yes _____ No

If yes, give Florida corporate number _____

c. Is yours a 501 c organization, according to the Internal Revenue Service? ____ Yes ____ No

4. SCOPE OF ACTIVITIES

(a) Describe briefly the charitable work in which your organization is involved (b) Give a more detailed description of the area for which this donation will be used.

a) _____

b) _____

5. FINANCIAL INFORMATION

a) What percentage of annual contribution received by your organization is from government sources and/or United Way, identify program.

Federal _____ % _____

State _____ % _____

County _____ % _____

United Way _____ % _____

b) List other sources of contributions within the past year.

c) How would a donation from the Altamonte Springs Rotary Club be used?

Administrative costs _____ %

Services in Seminole County _____ %

Services in Central Florida _____ %

Signed _____ Date _____

Title _____ Telephone Number _____

Organization _____